

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 1992 OTHER THAN **CLAIMS AS FILED - PART I** SMALL ENTITY **SMALL ENTITY** (Column 1) (Column 2) FOR **NUMBER EXTRA** NUMBER FILED RATE FEE RATE FEE BASIC FEE \$355.00 \$710.00 OR **TOTAL CLAIMS** minus 20 = עבו x\$22= x\$11=OR INDEPENDENT CLAIMS minus 3 = x 37 =OR x74 =MULTIPLE DEPENDENT CLAIM PRESENT +115= +230= OR TOTAL OR TOTAL * If the difference in column 1 is less then zero, enter "0" in column 2 **CLAIMS AS AMENDED - PART II OTHER THAN** OR **SMALL ENTITY SMALL ENTITY** (Column 1) (Column 2) (Column 3) **CLAIMS HIGHEST** ADDI-ADDI-REMAINING NUMBER PRESENT TIONAL RATE TIONAL RATE **AMENDMENT AFTER PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR OR ** Minus Total x\$11=x\$22=OR Minus Independent x 37 =x74 =OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM + 115= +230= OR TOTAL TOTAL OR (Column 1) ADDIT, FEE ADDIT. FEE (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING NUMBER -PRESENT RATE **TIONAL** RATE TIONAL **AMENDMENT AFTER** PREVIOUSLY EXTRA FEE FEE **AMENDMENT** PAID FOR OR x\$22=Total 32 Minus x\$11=OR x 74= x 37 =Independent Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM + 230= + 115= OR TOTAL TOTAL OR ADDIT, FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) **CLAIMS HIGHEST** ADDI-ADDI-REMAINING NUMBER PRESENT RATE **TIONAL** TIONAL RATE AMENDMENT **AFTER** PREVIOUSI Y **EXTRA** FEE FEE AMENDMENT PAID FOR OR ** Total Minus x\$11= x\$22=122.00 OR Independent x 37 =x 745= Minus 76.00 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +115= +230= * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL TOTAL OR ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". ADDIT. FEE JAY-90 ADDIT. FEE *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

UNIT STATES PATENT & TRADEMA Washington, D.C. 20231 OFFICE REQUEST FOR PATENT FEE REFUND 1 Date of Request: 2 Serial/Patent # 4 PAPER 5 DATE 3 Please refund the following fee(s): NUMBER FILED 6 AMOUNT Filing 48.00 \$ Amendment \$ Extension of Time \$ Notice of Appeal/Appeal \$ Petition \$ Issue Cert of Correction/Terminal Disc. \$ Maintenance \$ Assignment \$ Other 7 TOTAL AMOUNT OF REFUND 8 TO BE REFUNDED BY: 10 REASON: Treasury Check Overpayment Credit Deposit A/C #: Duplicate Payment No Fee Due (Explanation):

APPROVED:

DATE: 8/3/93

DUWOOd

TITLE: X

PHONE: 308 -

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME:

SIGNATURE:

OFFICE: